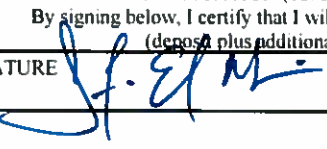


AO 435 (Rev. 04/11)		Administrative Office of the United States Courts		<b>FOR COURT USE ONLY</b>	
<b>TRANSCRIPT ORDER</b>				<b>DUE DATE:</b>	
<i>Please Read Instructions:</i>					
1. NAME <b>José Francisco Escobar Machín</b>		2. PHONE NUMBER <b>(787) 765-5656</b>		3. DATE <b>6/28/2017</b>	
4. MAILING ADDRESS <b>252 Ave. Ponce De León, Citibank Tower Suite 1900</b>		5. CITY <b>San Juan</b>		6. STATE <b>PR</b>	7. ZIP CODE <b>00918</b>
8. CASE NUMBER <b>17-3283</b>	9. JUDGE <b>Hon. Laura Taylor Swain</b>	DATES OF PROCEEDINGS			
		10. FROM <b>6/28/2017</b>		11. TO <b>6/28/2017</b>	
12. CASE NAME <b>In Re Financial Oversight and Management Board</b>		LOCATION OF PROCEEDINGS			
		13. CITY <b>San Juan</b>		14. STATE <b>Puerto Rico</b>	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input checked="" type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				<b>Complete Transcript 06/28/17</b>	
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES <b>1</b>		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18 & 19.) By signing below, I certify that I will pay all charges (deposit plus additional)				ESTIMATE TOTAL	<b>0.00</b>
18. SIGNATURE 				PROCESSED BY	
19. DATE				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	
				<b>0.00</b>	